Post-Soviet transgender movements as health social movements
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Transgender movement has not been adequately theorized yet. Many scholars continuously conflate it with the broader LGBT movement, neglecting important differences and tensions between them. LGBT movements are frequently analysed as new social movements, with an emphasis on identity, protest and cultural change. Research following this tradition focuses on formation of shared "transgender" identities (Broad, 2002). When trans movements are analyzed on its own, it is mainly in the US context, with a focus on interest groups lobbying for policy adoption and legislative amendmends (Taylor & Haider-Markel, 2014; Murib, 2015; Nownes, 2019). While the aforementioned theoretical lenses describe important parts of trans organizing, they fail to cover others. This presentation seeks to draw a complex picture of trans activisms on the example of post-Soviet countries, with a particular emphasis on health issues.

In a previous publication (Kirey-Sitnikova & Kirey, 2019), we identified four modalities of trans activism. The classification is developed on observation of post-Soviet activisms but, in our opinion, can be applied in other contexts. The four modalities are: (a) Horizontal mutual support networks appeared in early 2000s with the spread of internet in post-Soviet countries and aimed at providing decentralized peer-to-peer support and consultation on issues related to gender transition. (b) State and biomedical oriented advocacy appeared in the latter part of the 2000s and focused on improving access to transition-related healthcare and legal gender recognition. (c) LGBT-style trans activism grew as an offspring of LGBT NGOs and led to establishment of several trans-led organizations. (d) Finally, cultural queer activism sought to alter discourse around trans issues. I still like that classification, as I think it still reflects the situation even after several years past since the time I came up with it. But now I'd like to add another dimension to it. I will focus on issues which are addressed by these modalities of activism. I will divide those issues into several domains: social, legal and health. When we talk about the social domain, it is about discrimination and violence that many trans people experience in their everyday life. As for the legal domain, it's about legal gender recognition and anti-discrimination legislation. As for the health domain, it's about access to healthcare, both general and healthcare related to gender transition. In this presentation, I'm planning to focus on the health domain.

Before we proceed, it is useful to clarify some terminology. What is activism and how is it different from social movements? Activism may be defined as "an action on behalf of a cause, action that goes beyond what is conventional or routine" (Martin, 2007). In that sense, "activism" is a broader notion than a "social movement", definitions of which generally focus on collective actions towards a cause (Opp, 2009). To put it in other words, "given that the term social movement implies activism on a large scale and existing over time, activism can be separate from, precede, follow, or include social movement activity" (Zoller, 2005). Once the meaning of "activism" is clear, let's now discuss what is health activism? Health has been defined as "a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity" (World Health Organization, 1947). Social and economic factors are increasingly recognized as determining health outcomes (Braveman & Gottlieb, 2014). For example, poor mental health among trans people is often attributed to the so called minority stress resulting from the lack of acceptance in society (Testa et al., 2015). At the same time, legal gender recognition was shown to decrease the level of distress (Scheim, Perez-Brumer & Bauer, 2020). Thus, speaking broadly, any activism addressing social and economic disparities might be understood as health activism. In most literature, however, health activism is considered narrowly as activities addressing disease and treatment. In some cases it is useful to apply a broader perspective, while in others a narrow may suffice. Speaking of health social movements in a narrow sense, Brown et al. (2004) subdivides them into three categories:

health access movements, constituency-based health movements, and embodied health movements. Based on this categorization, I will discuss how these subtypes of health-oriented trans activism manifest themselves in the post-Soviet region.

Health access movements address broad issues relevant to large groups of the population, such as national healthcare reforms, medical insurance or underfunding of the healthcare sector. Trans activism rarely if ever intervenes in those broader areas, focusing narrowly on health issues of relevance to trans people, such as gender transition medical procedures, HIV, health of sex workers and drug users. Thus, we are left with two types of movements: constituency-based health movements and embodied health movements. As is evident from their name, constituency-based health movements are primarily concerned with their constituency, in our case - trans people. At the same time, embodied health movements challenge medical science on the etiology, diagnosis, treatment and prevention of certain diseases or conditions regarded as such. The difference is that constituency-based health movements are working within the established medical paradigm, while embodied health movements are seeking to change it. When it comes to trans health, the dominant paradigm until recently has been recognition of transsexualism as a mental health disorder. Movements aiming to provide trans people with care under this so called "pathologizing" model fall under the rubric of constituency-based health movements, while movements promoting an alternative "depathologizing" model (i.e. being trans is not a disease) are embodied health movements. As the World Health Organization adopted the 11th version of the International Classification of Diseases (ICD) which partly implemented the depathologization perspective, the boundaries between these types of movements are likely to shift in the coming years. Further I will present some examples of both types and briefly explain the tensions between them.

(a) Constituency-based health movements

In Kyrgyzstan, legislation permitting legal gender recognition existed since 2005 until 2020. The amendment of legal gender was possible "if a document of the established form about the change of sex issued by a medical organization [was] submitted". In 2007, LBT organization "Labrys" approached Kyrgyz Ministry of Health to establish a working group to develop the form (Kirey, 2015). After several setbacks, in 2017, activists were able to secure adoption of the form, as well as the Guideline on Provision of Medico-Social Care to Transgender, Transsexual and Gender Nonconfirming People. The guideline established principles of diagnostics of "transsexualism" and hormone-replacement treatment. Similar advocacy efforts took place in Ukraine and Russia since 2008, and in other post-Soviet countries since 2010s (Kirey-Sitnikova, 2021a). With the activists' input, the procedure of legal gender recognition changed significantly in Ukraine in 2016 and in Russia in 2018. Activists are currently working to develop clinical practice guidelines rooted in evidence-based medicine in Russia (Kirey-Sitnikova, 2021b; 2021c).

Health-related trans activism is not limited to state-level advocacy. Trans activists organize trainings for doctors to raise awareness on trans issues. For example, in Russia trans-led group T-Action was able to organize courses for endocrinologists in a state-run institution. Another group, Human-to-Human, conducts trainings for psychiatrists, psychologists and sexologists. In several Russian cities, medical commissions issuing permission for legal gender recognition were established in private clinics at the urgence of activists (Kirey-Sitnikova, in print).

In addition to healthcare related to gender transition (diagnostics, HRT, surgeries), trans activists seek to improve access to general healthcare. For example, Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM) works to improve inclusion of trans people and men having sex with men in HIV prevention and treatment programs. Russian group T-Action runs a program "Doctor, this is for you": trans volunteers visit doctors to improve their trans awareness and sensitivity (Kirey-Sitnikova, in print).

(b) Embodied health movements

For years trans activists around the world have been challenging official recognition of "transsexualism" as a mental health problem and insisting on amending medical classifications. In Russia, activists mounted the first street action calling for depathologization in 2011 (Рачева, 2011). A regional-level organization, Trans* Coalition in the post-Soviet Space, included depathologization among its primary goals in 2013 (Транс* Коалиция, n.d.). Depathologization at that time was a controversial topic among trans communities. I tried to capture those tensions in my article (Kirey-Sitnikova, 2017). Many participants expressed concern that depathologization would deprive them of whatever access to trans-specific healthcare they had. Moreover, the diagnosis acted as a shield protecting trans people from homo- and transphobic attacks: a sick person is not responsible for their condition. Furthermore, the movement for depathologization was perceived as a "foreign" idea brought up by Western donors and allied activists, while constituency-based health activism rooted in understanding of "transsexualism" as a mental condition had more local roots in the works by Soviet psychiatrists (Kirey-Sitnikova, 2020).

Now that depathologization is a fait accompli, these debates almost ceased. Everywhere across the post-Soviet space activists are currently planning advocacy efforts to implement ICD-11 at the national level. The move is opposed by some conservative Russian doctors who claim that the revision of the diagnosis is politically motivated (Введенский & Матевосян, 2017) and urge Russian Ministry of Health not to adopt it. So the struggle is not over.

To conclude, health is one of priority areas for post-Soviet trans activists. Some activists work within the established paradigm trying to improve access to health services based on the understanding of transsexualism as a disorder. Other activists claim that gender variance is an example of healthy human diversity and seek to challenge the pathologizing paradigm. As the world medicine is moving from pathologization to depathologization, post-Soviet countries will need to adapt their health systems. Activists will play a vital role in ensuring that depathologization is implemented in national clinical practice guidelines and legislation.

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